


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90041 014 ***150.00

DOCUMENT # P94000029187	
--------------------------------	---

1. Entity Name
PINCKARD'S GARAGE DOORS, INC.

Principal Place of Business
5489 WOODBINE ROAD
PACE, FL 32571

Mailing Address
5489 WOODBINE ROAD
PACE, FL 32571

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3238992

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINCKARD, JAMES T
5489 WOODBINE ROAD
PACE, FL 32571

Bass & Sandfort Accountants, PA
1301 W. Garden Street
Pensacola FL 32501-4504

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PINCKARD, JAMES T	
STREET ADDRESS	3461 MAHOGANY DR.	
CITY-ST-ZIP	PACE, FL 32571	

TITLE	V	<input type="checkbox"/> Delete
NAME	PINCKARD, SHARON	
STREET ADDRESS	3461 MAHOGANY DR.	
CITY-ST-ZIP	PACE, FL 32571	

TITLE	P	<input type="checkbox"/> Delete
NAME	PINKARD, KEVIN	
STREET ADDRESS	3590 WILLIAND NORRIS RD	
CITY-ST-ZIP	PACE, FL 32571	

TITLE	ST	<input type="checkbox"/> Delete
NAME	PINCKAND, KEITH	
STREET ADDRESS	5189 WOODBINK RD	
CITY-ST-ZIP	PACE, FL 32571	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sharon Pinckard

2-10-06